

WRITE PLACED WITH UNPAID - THIS IS A PERMANENT RECORD -
N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in
order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 150
Registered No. 25

1. PLACE OF BIRTH	
County <u>Sila</u>	State _____
District or Township _____	or Village _____
City <u>Hayden</u>	No. _____ St. _____ Ward _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child <u>Emedina D'Leon</u> (If child is not yet named, make supplemental report, as directed.)	
3. Sex of Child <u>Female</u> (To be answered ONLY in event of plural births.)	4. Twin, triplet or other _____
5. No., in order of birth _____	6. Legitimate? <u>Yes</u>
7. Date of birth <u>Jan 11 1927</u> Month Day Year	
8. FATHER	
Full name <u>Leandro D'Leon</u>	
9. Residence (Usual place of abode) <u>Hayden</u> If non-resident, give place and state.	
10. Color or race <u>Mexican</u>	
11. Age at last birthday <u>33</u> (Years)	
12. Birthplace (city or place) <u>Guaymas</u> (State or country) <u>Cochila</u>	
13. Occupation <u>Grocery clerk</u> Nature of industry	
14. MOTHER	
Full maiden name <u>Josephine Bayak</u>	
15. Residence (Usual place of abode) <u>Hayden</u> If non-resident, give place and state.	
16. Color or race <u>Mexican</u>	
17. Age at last birthday <u>23</u> (Years)	
18. Birthplace (city or place) <u>Guaymas</u> (State or country) <u>Arizona</u>	
19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother <u>1</u> (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____	
21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ A. M. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles H. Huerfano

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address Hayden, Ariz

Filed Jan 15, 1927

Registrar

Registrar

545-111-179